



GUIDE TO UNDERSTANDING TIER II FORMS

INTRODUCTION

Title III of the [Superfund Amendment and Reauthorization Act of 1986 \(SARA\)](#) is the [Emergency Planning and Community Right-To-Know Act \(EPCRA\)](#). The Act establishes requirements for industry regarding emergency planning and “community right-to-know” reporting on hazardous chemicals. Section 312(a) states: “The owner or operator of any facility which is required to prepare or have available a material safety data sheet (MSDS) for a hazardous chemical under the [Occupational Safety and Health Act of 1970](#) and regulations promulgated under the Act (15 U.S.C. 651 et seq.) shall prepare and submit an emergency and hazardous chemical inventory form.

This form, known as a Tier II report, **MUST** be provided to each of the following: the appropriate Local Emergency Planning Committee (LEPC), State Emergency Response Commission (SERC), and the fire department with jurisdiction over the facility”. When properly prepared, the inventory form contains vital information Local Emergency Planning Committees and State Emergency Response Commissions utilize for emergency planning purposes and that first responders such as law enforcement officials, emergency medical technicians, and of course, fire departments utilize for response purposes.

On the Tier II form, the facility is required to provide the chemical identity, hazards associated with the chemical, maximum and average amounts stored on-site, and general storage locations.

On the attached pages we have broken the Tier II form down by section and provided information which should assist you in completing the Tier II report.

Detailed instructions for completing Tier II forms also accompany those forms. Tier II forms should always be typed or neatly printed to ensure accurate legibility.

HAZARDOUS CHEMICAL PREPAREDNESS AND RESPONSE PROGRAM FEE(S):

The North Dakota Hazardous Chemical fee is \$25.00 per substance per facility as reported on the Tier II form. There is a maximum fee of \$150.00 per facility. The fee, payable to the **North Dakota Department of Emergency Services**, **MUST BE SUBMITTED** with your Tier II report.

FACILITY IDENTIFICATION BLOCK:

1. Name: Provide the name of the facility being reported. If the facility is an oil lease, or a field or tank battery, give the legal name of the lease, field or tank battery.
2. Street, City, County, State, Zip Code: Provide the legal address of the facility. If the facility is an oil lease, give the legal description (Section, Township, Range). Refer to the separate oil field guidance sheet for reporting fields. If no street address is available, enter other appropriate information (latitude, longitude). **DO NOT** use post office box numbers. **DO NOT** use home office addresses in the facility ID block unless they are co-located with the facility.
3. Standard Industrial Classification (SIC) Code: Standard Industrial Classification Code. The SIC code can be found in Standard Industrial Classification Code Manual, published by the Federal Office of Management and Budget. If you do not know your SIC code number, contact our Hazardous Chemicals Preparedness & Response Program staff and they will assist you in obtaining this number.
4. Dun & Bradstreet (D&B): If you do not know your firm's D&B number, call 1-800-999-3867 between 7:00AM-4:30PM Central Standard Time. They will issue your number over the phone. This includes cities, counties and schools, as well as businesses. There is no charge for this service.

Facility Identification																											
Name																											
Street																											
City				County				State				Zip															
SIC CODE		<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>								Dun & Brad Number		<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>								<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							

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OWNER/OPERATOR BLOCK:

1. Name: Name of the owner or operator. This can be the corporate offices.
2. Phone: Telephone number of the facility.
3. Mailing Address: Use the address to which you want EPCRA correspondence sent. **DO NOT** use the facility address, **unless** you want all EPCRA correspondence to go to this facility, and not to the main office. A post office box number is acceptable here.

EMERGENCY CONTACT BLOCK:

1. Name: Provide the name and title of two emergency contacts for the facility. **At least one name MUST be a local individual with a local telephone number.** This person should have the authority and expertise to provide guidance if emergency responders need assistance in responding to a chemical incident at the facility.
2. Phone: Use the day or office telephone number of the emergency contact.
3. 24-Hour Phone Number: Provide a 24-hour number where emergency assistance will be available. **THIS REQUIREMENT IS MANDATORY.**

Owner/Operator Name	
Name _____	Phone _____
Mail Address _____	
Emergency Contact	
Name _____	Title _____
Phone _____	24-Hour Phone _____
Name _____	Title _____
Phone _____	24-Hour Phone _____

REPORTING PERIOD AND DUPLICATE INFORMATION:

1. List the year for which the facility is reporting. The reporting period is a calendar year – from January to December. As an example, for the report due on March 1, 2007, the reporting year is 2006, not 2007.

REPORTING PERIOD From January 1 to December 31, <u>2006</u>
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2. If you are reporting the same information that you reported last year, you should mark this box. You **must still complete** the entire form. This information will assist the LEPC, fire department, or SERC for data entry purposes. We want to eliminate dual facility entries, which make one facility show up as a non-reporter and require costly follow-up.

<input type="checkbox"/>	Check if information below is identical to the information submitted last year.
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CHEMICAL DESCRIPTION BLOCK:

1. Chemical Abstract Service Registry (CAS) Number: Chemical Abstract Service Registry Number. This number can be found in section 1 of the Material Safety Data Sheet (MSDS), or in the Title III, [List-Of-Lists](#). If no CAS number is found for the chemical, leave this space blank.
2. Trade Secret: You may claim a trade secret exemption for any chemical you think will damage you competitively if the name is revealed. The criteria for this exemption are extremely narrow and the penalty for claiming a trade secret exemption erroneously is large. If you think you may qualify for a trade secret, contact our EPCRA staff for further assistance.
3. Chemical Name: List the chemical name of the substance(s). You can find the name on the container label, the List-of-Lists, or the MSDS. If the substance is a mixture, you may report either the mixture or separate components.
4. Chemical Form/Extremely Hazardous Substance (EHS): Mark the form of the chemical; solid, liquid, or gas, pure, or mixture. If the chemical is an extremely hazardous substance (EHS), or an EHS is present in a mixture, then the EHS name should be listed, and the EHS block checked on the form.

Chemical Description											
CAS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Trade Secret	<input type="text"/>
Chemical Name _____											
Check all That apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Pure	Mix	Solid	Liquid	Gas	EHS					
EHS Name _____											

PHYSICAL AND HEALTH HAZARDS BLOCK:

1. The various hazards for the substance should be marked. The Material Safety Data Sheet (MSDS) should provide information on which hazards apply to the substance.

Physical And Health Hazards						
<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>						Fire Sudden Loss of Pressure Reactivity Immediate (Acute) Delayed (Chronic)

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Inventory Block:

1. Maximum Daily Amount: Use the code number from the table below that represents the maximum quantity stored on-site at any one time. All amounts should be calculated in pounds.
2. Average Daily Amount: Use the code number that represents an estimate of the average quantity stored on-site each day.
3. Days On-Site: Write in the number of days that the chemical was located on site during the reporting year.

INVENTORY CODES – RANGE IN POUNDS

01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1,000,000,000	> 1,000,000,000

INVENTORY		
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Max Daily Amount (code)	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Avg. Daily Amount (code)	
<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	No. of Days On-site (days)	

1. **Storage Location:** Using the codes from the table below, list the location, container type and condition of substance storage on the facility. **DO NOT PUT THE FACILITY LOCATION HERE.** If a site map is attached, site coordinates may be listed. There is room to list 6 separate locations per chemical. Confidentiality for locations may be claimed, but **MUST BE** listed on a separate page. If you want the chemical storage location on the facility site to be confidential, make sure you clearly state this on the form, and in cover letter accompanying the report.

A	ABOVE GROUND TANK
B	BELOW GROUND TANK
C	TANK INSIDE BUILDING
D	STEEL DRUM
E	PLASTIC OR NONMETALLIC DRUM
F	CAN
G	CARBOY
H	SILO
I	FIBER DRUM
J	BAG

K	BOX
L	CYLINDER
M	GLASS BOTTLES OR JUGS
N	PLASTIC BOTTLES OR JUGS
O	TOTE BIN
P	TANK WAGON
Q	RAIL CAR
R	OTHER

1 **AMBIENT PRESSURE**
2 **ABOVE AMBIENT PRESSURE**
3 **BELOW AMBIENT PRESSURE**

4 AMBIENT TEMPERATURE
5 ABOVE AMBIENT TEMPERATURE
6 LESS THAN AMBIENT TEMPERATURE
7 CRYOGENIC CONDITIONS

[illegible]

CERTIFICATION LINE:

1. Fill in the name and title of the certifying official along with the date signed. The owner, operator, or officially designated representative **MUST** certify by signature that all information included in the Tier II submission is true, accurate, and complete. Also, enter the total number of pages included in the report as well as all attachments. Submissions to the SERC, LEPC and fire department **MUST HAVE an original signature** on at least the first page of the report. Copies of the signature can be on any additional pages. You can certify multiple submissions with a single cover letter that meets the above requirements. If you elect this option, each Tier II submission covered by the letter must have a facsimile or stamped signature on it as well.

Certification		
_____	_____	_____
Name and Official Title	Signature	Date Signed

OPTIONAL ATTACHMENTS BLOCK:

1. A site plan, site coordinates, and precautionary measures may be attached to the form to assist the emergency responders. This is mandatory if the facility has reportable quantities of EHS present. After the first filing, the site plan does not have to be submitted annually unless there are changes to it.

Optional Attachments	<input type="checkbox"/>	I have attached a site plan
	<input type="checkbox"/>	I have attached a list of site coordinates Abbreviations.
	<input type="checkbox"/>	I have attached a description of dikes and Other safeguard measures.